ITUP POLICY FORUMS
Health Information Exchange in a Post-COVID-19 Health System

March 25, 2021

ITUP
Insure the Uninsured Project

Welcome to the Webinar!

Your Participation

Open and close your control panel

Join audio:
- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments at any time via the Questions panel

Reminder: Today's presentation is being recorded and will be available within 48 hours.

ITUP Mission / Vision

Mission

ITUP's mission is to promote innovative and workable policy solutions that expand health care access and improve the health of all Californians. ITUP implements its mission through policy-focused research and broad-based stakeholder engagement.

Vision

ITUP believes that all Californians should have a fair opportunity to live their healthiest lives.

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ITUP Values

ITUP Seeks a Health Care System that is:

Universal – All Californians are eligible for comprehensive health coverage and services, including primary, specialty, behavioral, oral, and vision health services, as well as services that address the social determinants of health.

Equitable – All Californians receive health care coverage, treatment, and services that address the social determinants of health regardless of health status, age, ability, income, language, race, ethnicity, gender identity, sexual orientation, immigration status, and geographic region.

Accessible – All Californians have access to coverage options and services that are available, timely, and appropriate.

Effective – Health, health care, and related services that address the social determinants of health are person-centered, value-based, coordinated, and high-quality.

Affordable – Coverage and services are affordable for consumers at the point of purchase and care; and, at the health system level for public and private purchasers.

Who We Are

- **25-year-old, independent 501(c)(3) health policy organization**

- **Each year, ITUP:**
  - Hosts an annual conference
  - Hosts online 360-degree Policy Forums and Webinars
    (thanks for being with us today!)
  - Runs a dozen policy and regional workgroups across the state from San Diego to Humboldt Counties
  - Produces 10 state and regional Health Coverage Fact Sheets
  - Publishes in-depth issue briefs and high-level health policy fact sheets

- **We have 3 KEY FOCUS areas:**
  - Coverage and Access
  - Delivery System Transformation
  - The Future of Health

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Today's Agenda

ITUP POLICY FORUMS

Health Information Exchange in a Post-COVID-19 Health System

March 25, 2021
12:00 – 2:00 p.m.

https://register.gotowebinar.com/register/178017943016193295

AGENDA	
12:00 – 12:10 p.m.	**Welcome and Introductions**
12:10 – 1:00 p.m. *Includes Q&A after each presenter*	**State Level Perspectives in Advancing Meaningful Health Information Exchange (HIE)** **Marko Mijic**, Deputy Secretary of Program and Fiscal Affairs, California Health and Human Services Agency **Assemblymember Jim Wood, DDS**, Chair of the Assembly Committee on Health
1:00 – 1:50 p.m. *Includes Q&A*	**National Perspectives: HIE Lessons Learned** **Dawn Gallagher, JD,** Senior Consultant, HealthTech Solutions **Erin Holve, PhD, MPH, MPP,** Director of Health Care Reform and Innovation Administration, Department of Health Care Finance (DC Medicaid)
1:50 a.m. – 2:00 p.m.	**Takeaways and Wrap Up**
2:00 p.m.	**Adjourn**

State Level Perspectives in Advancing Meaningful Health Information Exchange (HIE)

Questions?

Assemblymember Jim Wood, DDS
D – Santa Rosa

Questions?

National Perspectives: HIE Lessons Learned

Dawn Gallagher, JD
Senior Consultant, HealthTech Solutions

Erin Holve, PhD, MPH, MPP
Director of Health Care Reform and Innovation Administration, Department of Health Care Finance (DC Medicaid)

Health Information Exchange (HIE)

How'd they do that?

Now it's time for California ...

Insure The Uninsured Project (ITUP)

Presentation March 25, 2021
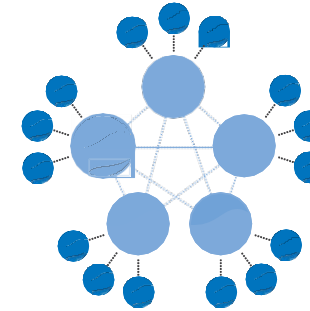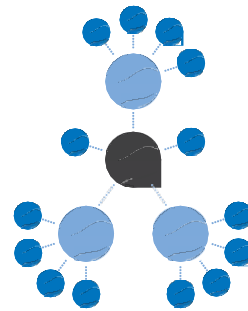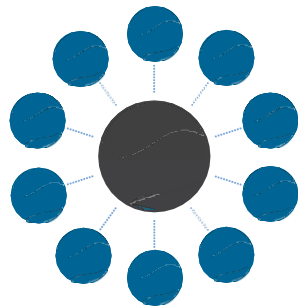
HealthTech
SOLUTIONS

Agenda

How'd they do that?

Four HIE Success Stories

Know your audience ….

Use-Case Solutions

Their Framework?

It's all about the relationships

Oh, and of course, the money.

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3 Types of HIE Data Models

CENTRALIZED — **HYBRID** — **DECENTRALIZED**

Centralized data storage & management
Pros:
--One privacy consent approach
--Less expensive to maintain
--Rich set consolidated data
Challenges:
--Difficult to standardize data
--More difficult to scale-up
--Requires greater trust of users

Network-of-Networks & Central Hub
Pros:
--Less standardization needed
--Leverage existing investments for buy in
-- Central Hub can be pass-through to avoid control concerns
Challenges:
--More costly to sustain multiple platforms

Decentralized w/ user agreement
Pros:
--Minimizes privacy issues
--Leverages existing investments
Challenges:
--More expensive to share data
--Relies on voluntary compliance
--Generally not statewide
--No formal accountability to state
--Current CA regional model

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Models of the 4 State Statewide HIEs

New York
Michigan
Maryland
Nebraska

2 Models

Hybrid

Network of Networks

Central Hub

Centralized

Data flow to Central Hub

Highway Only

NY

Highway & Central Date Storage

MI (temporary)

MD (permanent)

Highway & Central Data Storage

NE
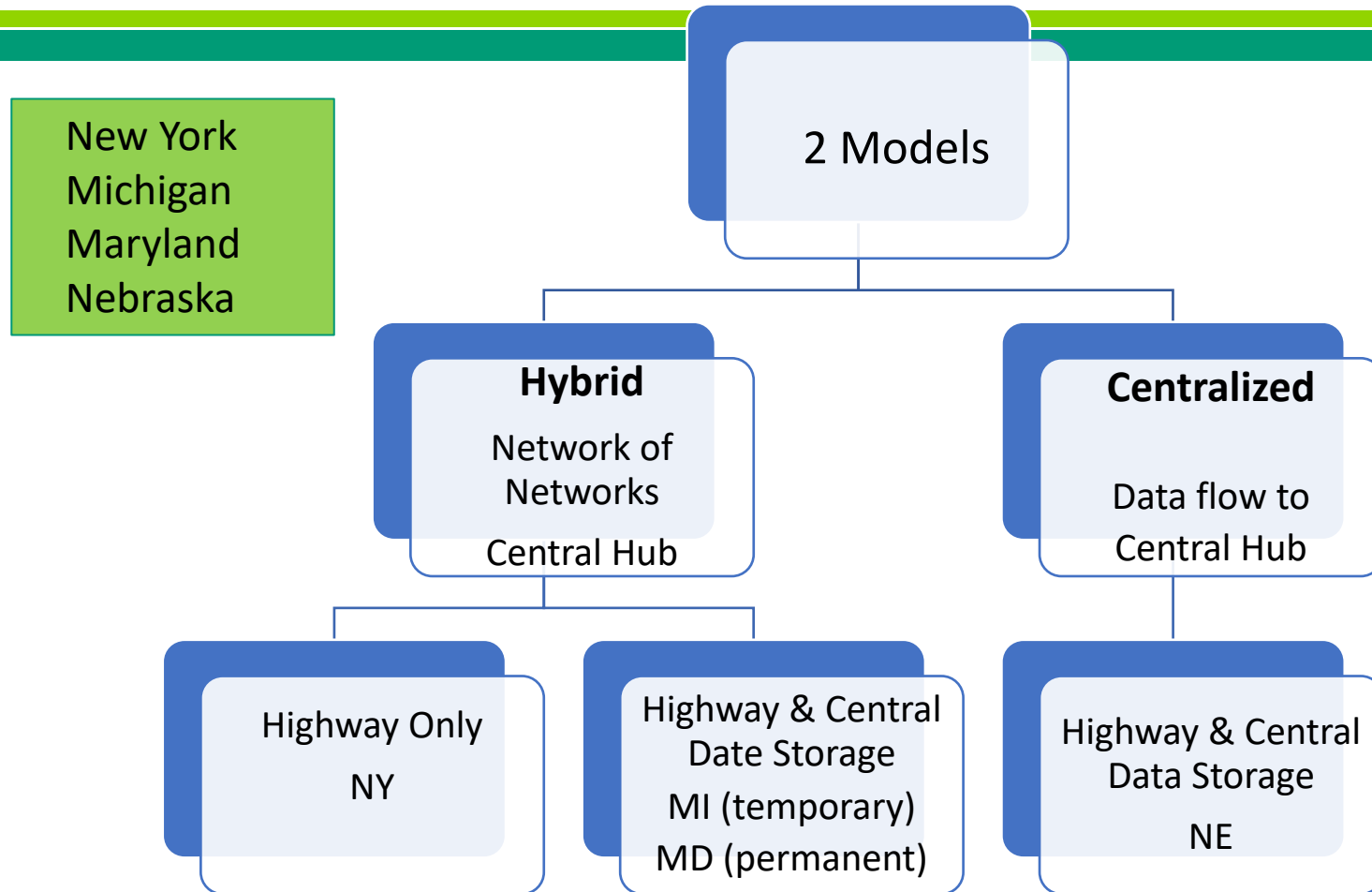
Use Cases Build Trust & Drive Expansion

➢ All four developed use cases incrementally with stakeholder input
➢ Began with 2-3 everyone agreed needed statewide data
  ❖ Hospital ADTs
  ❖ Immunizations
  ❖ Lab Reporting
  ❖ Master Patient Index

➢ Use cases for COVID-19 response
  ❖ Connect test centers to Public Health Authority (PHA)
  ❖ Track tests & vaccines
  ❖ Notify providers of positive results
  ❖ Gather & send demographic information to PHA to target assistance
  ❖ Get hospital PPE inventory & send to PHA
  ❖ Use Hospital ADTs to find available beds

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Building Sustainability

➢Lessons from the four states:

❖ Consider Medicaid & Payer pools shared by HIE users

❖ Provide incentives to participate & use "sticks" if needed

❖ Recognize use cases must drive expansion

❖ Charge minimum fees for using & core services

❖ Charge higher fees for value-added use cases

❖ Take full advantage of federal funding

COVID Relief Act (2021 Budget Bill) Provides HIE Funding Opportunities

❖ **Office of National Coordinator (ONC) Interoperability Grants**
  - States apply for HIE projects

❖ **Public Health** (At least $4 M per state for Substance Abuse treatment)
  - Apply to develop HIE provider API to identify treatment providers & programs
  - States must target populations & rural areas--requires statewide data to meet

❖ **Broadband and Telehealth**
  ➢ $3.2 B for $50 monthly subsidy for low-income
  ➢ $300 M for rural broadband & $65 M for mapping
  ➢ $250 M for health provider broadband & telehealth equipment grants
    - States expand broadband; providers get grants, invest in EHRs, & connect to HIE

❖ **All Payer Claims Database (APCD)**
  ➢ $2.5 M 3-year state grants to build & upgrade APCDs & expand data sets
    - States integrate APCD claims & HIE clinical data as use case solution

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March 11, 2021 American Rescue Plan Act

❖ **Federal Communications' Commission**

- $7 billion for E-rate program for schools & libraries to connect students, teachers, & library patrons (Broadband subsidies up to 90%)

❖ **Public Health**

- Funding for transportation to and from vaccine sites
- Education on the effectiveness of vaccines
- Funding for testing and vaccines
- Public Warning Systems
- Workforce & contact tracers
- FQHCs—vaccines, equipment, & community outreach
- *$100 M providing primary health services via state grants (10% admin)*
- *Teaching education centers*
- *$3 B for block grants for Mental Health and Substance Abuse*
- *$50 M for community based mental health, care coordination, including telehealth*
- *$420 M for certified community behavioral health*
- *$20 M for modernization health insurance exchange*

Leverage Ongoing Federal Funding & Grant Opportunities

❖ **Federal Communications' Commission**

  ➢ FCC Rural Digital Opportunity Fund auction

❖ **US Department of Agriculture**

  ➢ $700 M ReConnect program--facilitate rural broadband

❖ **US Dept. of Commerce – Economic Development Admin.**

  ➢ $200 M Public Works & Economic Adjustment Assistance programs

CMS Ongoing Funding for Projects Benefiting Medicaid Population

❖**90% for Five-Year State Health Information Technology Plan**

➤ CMS pays 90% of stakeholder process & developing Roadmap (Plan due to CMS March 2022)

❖**50% - 90% Federal Medicaid Funding**

➤ Administration Expenses

➤ Project Planning & Implementation

➤ Ongoing Maintenance & Operations

New Federal Rules Create State Mandates

❖ Payers & Medicaid by 7/1/21

  ➢ Patients: Easy access to records & providers via device of choice

  ➢ Previous payers must provide records to new payers (No Blocking)

❖ Hospitals by 5/5/21

  ➢ All hospitals send Admissions, Discharge, & Transfers to care team

❖ State Medicaid agencies have "authorized" PDMP by 10/1/21

  • States must mandate checks before issuing opioid drugs

❖ **HIES CAN HELP** (Cheaper than standalone systems & users have access)

  ✓ Patient Access (API)

  ✓ Send ADTs

  ✓ Integrate PDMP & HIE

Achieving Success

https://healthtechsolutions.com
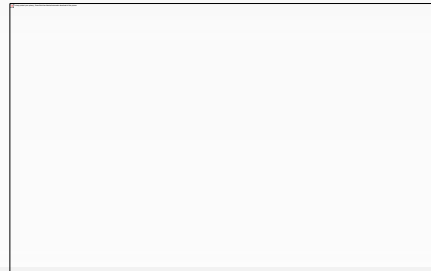
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The DC Health Information Exchange: a Health Data Utility for the District of Columbia

March 25, 2021 | ITUP Policy Forum

Medicaid Provides Coverage to 40% of District Residents – Near Universal Coverage

Near universal coverage

DC has the <u>second lowest</u> uninsured rate

3.9%

2.8%

MASSACHUSETTS
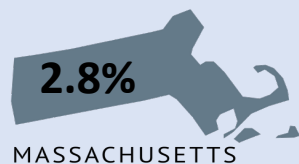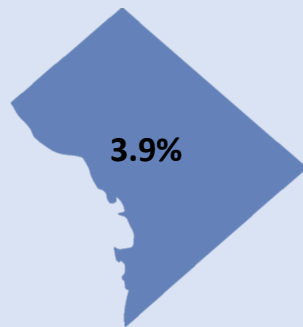
DHCF covers more than 296,000 people

As of January 2021, more than **273,000** in **Medicaid**; among those not eligible for Medicaid, 22,500 in the **DC Healthcare Alliance** and in the **Immigrant Children's Program**

4 out of 10 District residents

7 out of 10 children

98%
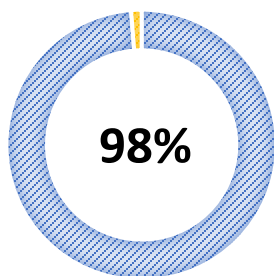
Of all eligible DC children are enrolled in Medicaid (highest rate in the US)

Health challenges remain despite strong coverage

12th in the nation

For 911 call-volume in the country

10%

Residents report delaying care due to not being able to get an appointment soon enough

DC Medicaid' Health Care Reform and Innovation Program Aligns System Redesign & Technology

Facilitate Innovation Practice and Sustainable VBP

\+

Expand Useful Health IT Uptake and Information Exchange

\=

Delivery System Redesign & Practice Transformation

» Create and test new delivery system and payment models

» Innovations in Quality Measurement & Improvement

» Funder: Citywide Health Information Exchange Projects

» Strategic Leader: Coordinates public input through the HIE Policy Board

» Administrator: Health IT and HIE adoption (EHR Incentive Program – MEIP)

» Steward: Claims Data

» Designator: HIE entities to ensure core services

» A system of integrated care connected through information

» Health system reforms dependent on access to information

» Continuous access to quality information

Aligning Value-Based Models with Health Information

LAN Category 1 **LAN Category 2** **LAN Category 3** **LAN Category 4**

Global Payments

Financial Reserves

Payment: Risk Adjusted Total Cost of Care

Care Coordination: Fully Integrated

Shared Savings

Care Coordination: Integrated Across Care Continuum

HIE: Real-Time Clinical Data

Bundled Payments

Care Coordination: More Integrated Care

Quality Measurement: Payment Tied to Performance

HIE: Population Health Management

Pay-for-Performance

Care Coordination: Basic

Quality Measurement: Reporting Required

HIE: Use of Certified EHRs and Basic Exchange

Supplemental Payments

Payment: FFS Architecture

Fee-for-Service

No Risk → Full Risk

* Alternative Payment Model (APM) categories are based on the 2017 Update to the Health Care Payment Learning and Action Network Framework. (LAN). In essence, category 1 is fee for service (FFS) with no link to quality; category 2 is FFS with a link to quality such as pay for reporting or a bonus payment for quality outcomes; category 3 is an an APM built on a fee for service architecture (e.g. shared savings, or shared savings with downside risk; and category 4 is population-based payment for populations or conditions.

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Creating a Digital Network to Connect a Disconnected System of Care

Facility Type
- ♦ FQHC & Health Centers
- ✚ Hospitals
- ★ Long-Term Care Facility
- ● Health System-Affiliated Ambulatory Group

EHR Type
- Allscripts
- Athena
- Cerner
- CPSI
- CueShift
- eClinicalWorks
- Epic
- MatrixCare
- MedConnect
- MEDHOST
- Meditech
- NetSmart
- NextGen
- Optimus
- PointClickCare
- Siemens
- VistA
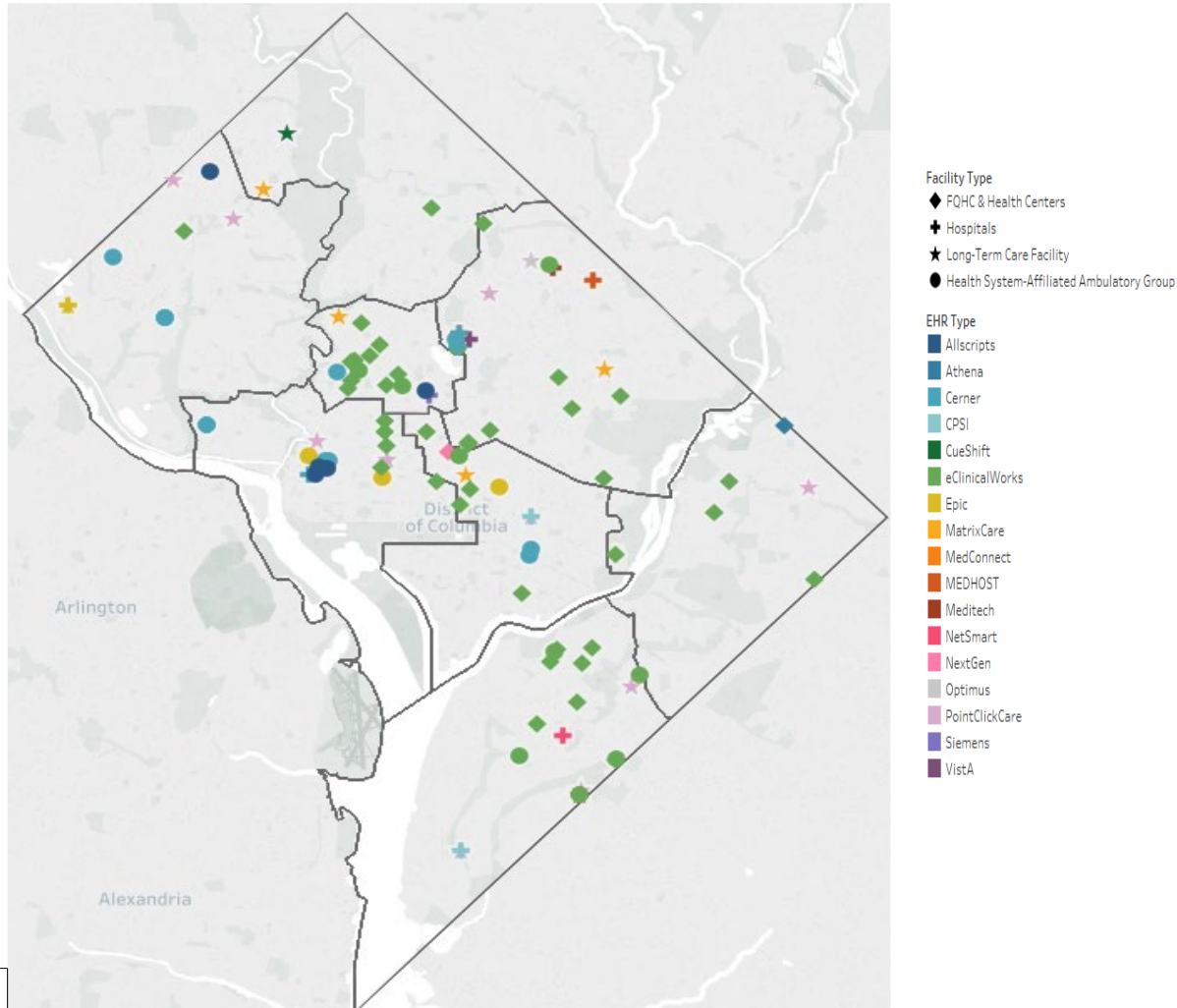
*While 89% of District providers have technology to enable health information exchange there is no dominant EMR, suggesting HIE is important to resolve current challenges:
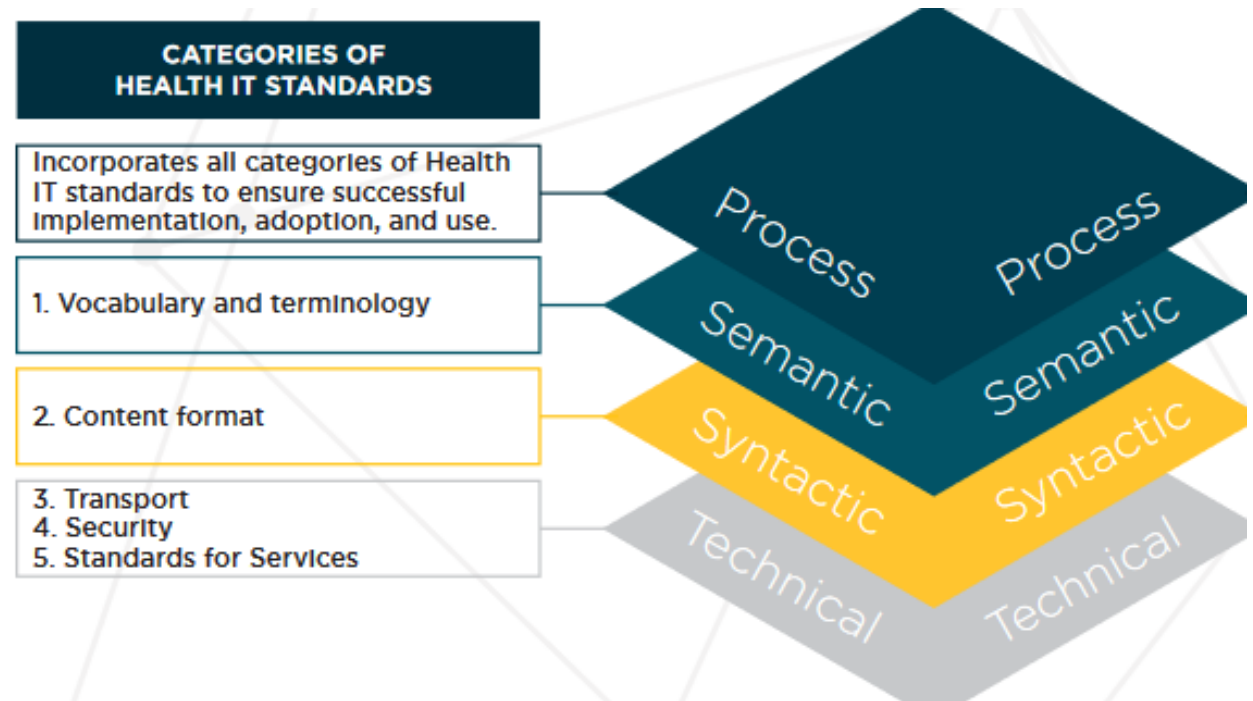
…connecting patients with their providers

…ensuring providers communicate and refer to other providers electronically

…reduce the time payers spend chasing medical records using fax and phone

Technology is No Longer the Primary Barrier to Interoperability; Process and Policy are Key

- Technical
- Syntactic
- Semantic
- Process/Policy
  - Payment Models
  - Federal Rulemaking (HHS, CMS, ONC)
  - Local Rulemaking
  - Workflow/Practice/Consent

CATEGORIES OF HEALTH IT STANDARDS

Incorporates all categories of Health IT standards to ensure successful implementation, adoption, and use.

1. Vocabulary and terminology

2. Content format

3. Transport
4. Security
5. Standards for Services

Padgham, David; Edmunds, Margo; and Holve, Erin, "Toward Greater Health Information Interoperability in the United States Health System" (2016). Issue Briefs and Reports.Paper 20 .http://repository.edm-forum.org/edm_briefs/20

A Marketplace for Information

The DC HIE Rule (Chapter 87 District of Columbia Health Information Exchange of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations) formalizes partnerships to facilitate more cooperation between DHCF and HIE entities.

District Registered HIE Entities

- Is a HIE entity that **meets or exceeds privacy, security, and access requirements** for health information exchange.

- Receives **key opportunities** to engage in discussions with other DC HIE entities.

- The District Registered HIE Entity status is awarded for a term of **three (3) years.**

The DC HIE Registration Application is accepted on a rolling basis

District Designated HIE Entity

- Is a District Registered HIE Entity that **meets or exceeds the consumer education and auditing requirements** in the DC HIE Rule.

- Is a key partner to DHCF, the District Designated HIE Entity **supports the ongoing maintenance and operation of the DC HIE infrastructure or services.**

- The District Designated HIE Entity status is awarded for a term of **five (5) years.**

The DC HIE Designation memorandum of agreement was signed April 13, 2020.

The DC HIE is a Health Data Utility with Six Core Capabilities for Providers

Critical Infrastructure (e.g. Encounters and Alerts)

Advanced Analytics for Population Health Management

Registry and Inventory

Simple and Secure Messaging

Consent to Share Data

Screening and Referral (e.g., SDOH)

Critical Infrastructure

- ADT Alerts
- Health Records
- Patient Snapshot
- Image Exchange

Advanced Analytics

CRISP Reporting Services

Performance Dashboards
Phase I:
-Pay for Performance
Phase II:
-Maternal health
- Behavioral Health

Registry and Inventory

- Care Management Registry
- Community Resource Inventory

Simple and Secure Messaging

Provider Directory

>31,000 contacts from 251 organizations

Includes data from: **-12 national sources**
- 20 DC/Local Data sources

Consent to Share Data

Consent to Share SUD DATA

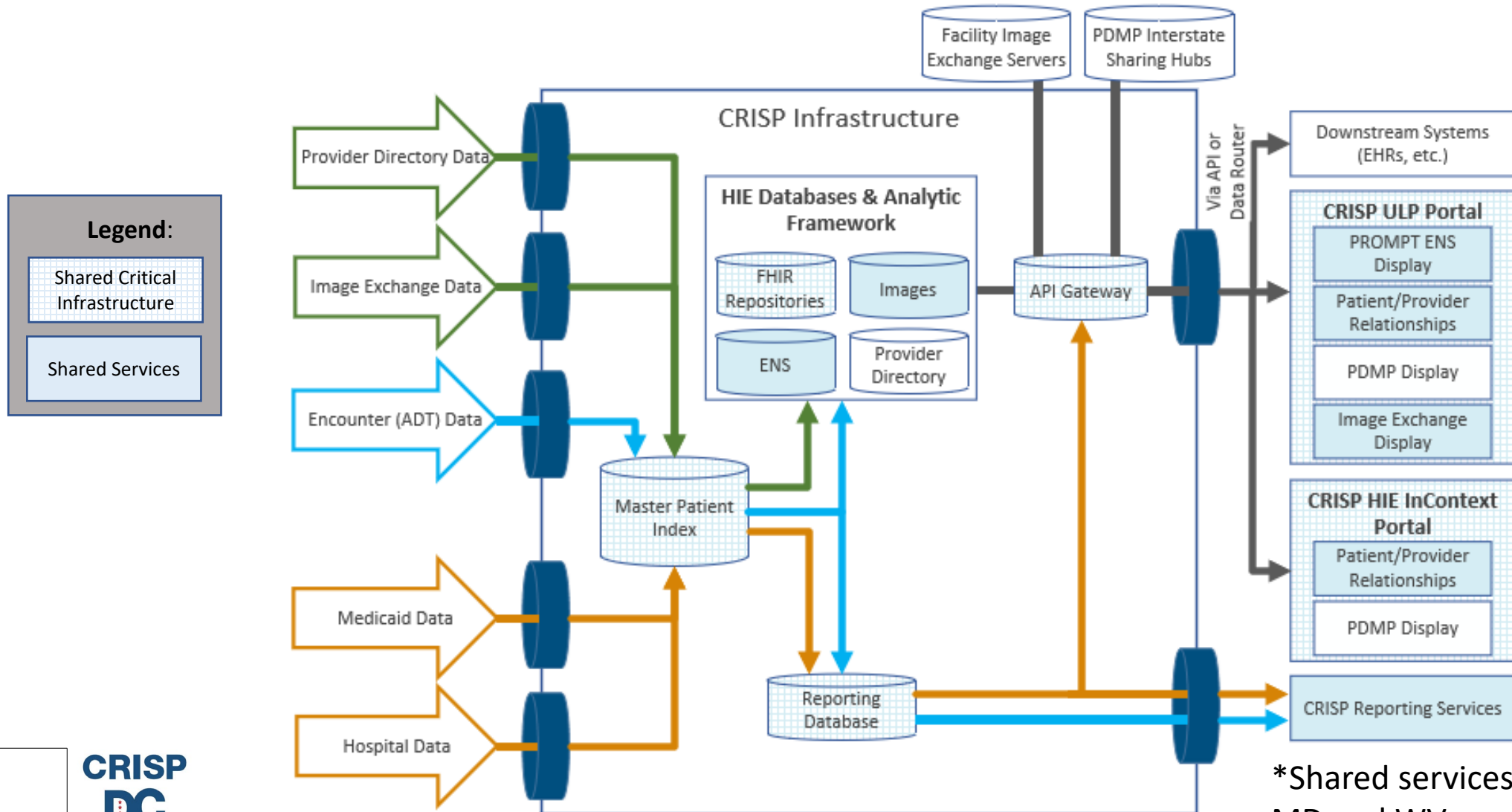-42 CFR Part 2 Data (Phase I)
- Other types of consent (Phase II)

Screening and Referral

eReferral Screening

-Mapped screening data for housing and food insecurity eReferral
- Analytics for follow-up

CRISP DC

The DC HIE's Technical System for Core Services is a Highly Scalable and Robust *Regional* System*

*Shared services with MD and WV

The DC HIE Demonstrated Adaptability and Regional Value During the Public Health Emergency

*During the COVID-19 pandemic, the **DC HIE** demonstrated the ability to adapt quickly to support DC Health, providers, and payers.*
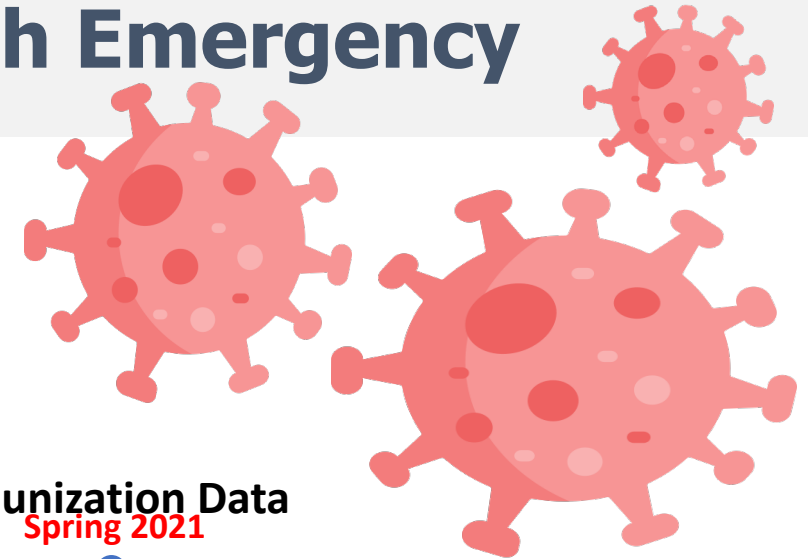
Lab Results
Spring 2020

Immunization Data
Spring 2021

- DC Health provides +/- case files to CRISP DC.
- Care teams receive notification on their patient's +/- results.
- First responders receive notification if a + case occurs subsequent to transport

- Provides Hospital Volume Reporting to the DC Hospital Association to help their members understand capacity on a day-to-day basis
- CRISP DC helps DC Health complete case reporting with race/ethnicity data, and supports contact tracing efforts

- DC Health provides daily immunization files to CRISP DC and CRISP provides supplemental race/ethnicity data back to DC Health.
- Providers and payers can track and document vaccine outreach via the Vaccine Data Service

- Vaccine Data Service allows patient panel view of received vaccine doses
- Analytics tool provides statistics on vaccination summary via age, race/ethnicity, wards, etc.

Questions?

Thank You!

Contact us at: info@ITUP.org